

MULTI-SESSIONAL INTERVENTION CLIENT INTAKE DATA


 Agency name
and location

Encounter date: ____/____/2000

☐ New ☐ Update

Client identification # _____

Birth date: ____/____/____

Age _____

PREVENTION

PROJECT #

0 0 0 0

AGENCY

CTS #

0 0 0

A Population reached [Check all that apply]Primary [Must check
at least one category]

- 1 ☐ MSM
2 ☐ MSM/IDU
3 ☐ IDU
4 ☐ Heterosexual female
5 ☐ Heterosexual male
6 ☐ Perinatal
7 ☐ General public

Additional information

- 8 ☐ Youth
9 ☐ Non-IDU substance user
10 ☐ Incarcerated
11 ☐ Homeless
12 ☐ Sex worker
13 ☐ Other _____

B How did you find out about this program?

[Check all that apply]

- 1 ☐ Friend
2 ☐ Program outreach worker
3 ☐ Word of mouth
4 ☐ Internal/this agency
5 ☐ Agency program literature/flyer
6 ☐ Other program literature/flyer
7 ☐ External/other agency/provider

- 8 ☐ Counseling & testing site
9 ☐ Part of parole package
10 ☐ Hotline
11 ☐ Support group
12 ☐ Rape crisis
13 ☐ Other (specify) _____

C Ethnicity [For statistical purposes, Hispanic & Other Origins are not considered races.]C1 Are you of Hispanic origin?
[Check one only]

- 1 ☐ Yes [go to C1a]
2 ☐ No [go to C2]
8 ☐ Don't know
9 ☐ Not stated

C1a Do you consider yourself?
[Check one only]

- 1 ☐ Mexican
2 ☐ Puerto Rican
3 ☐ Cuban
4 ☐ Dominican
5 ☐ Other Central or South American
6 ☐ Other Hispanic
[go to D]

C2 Do you consider yourself of other
ethnic origin? [Check one only]

- 1 ☐ Yes [go to C2a]
2 ☐ No [go to C]
8 ☐ Don't know [go to D]
9 ☐ Not stated [go to D]

C2a Do you consider yourself?
[Check one only]

- 1 ☐ Haitian
2 ☐ Jamaican
3 ☐ Guyanese
4 ☐ Other Non-Hispanic Caribbean
5 ☐ Other Non-Hispanic Central
or South American
6 ☐ Unknown
7 ☐ Other _____
[go to D]

D RaceOf the following, which race or races do you
consider yourself to be?
[Check all that apply]

- 1 ☐ White
2 ☐ Black or African American
3 ☐ American Indian or Alaska Native
4 ☐ Asian
5 ☐ Native Hawaiian or Other Pacific Islander
6 ☐ Other _____
9 ☐ Not Classifiable or Unknown

E What language(s) do you most understand for speaking and/or writing?

- | Language | A. Speak | B. Read | C. Don't know | D. Not stated |
|-------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 English | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 2 Spanish | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 3 French/Creole | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 4 Other (specify) | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |

**F Sex
[Check one only]**

- 1 ☐ Male
2 ☐ Female
3 ☐ Transgender

**G Do you consider yourself?
[Check one only]**

- 1 ☐ Heterosexual (straight)
2 ☐ Gay
3 ☐ Lesbian
4 ☐ Bisexual
5 ☐ Uncertain/questioning
9 ☐ Not stated

H HIV self-assessed riskWhat are your chances of getting infected with HIV,
the virus that causes AIDS? [Check one only]

- 1 ☐ High
2 ☐ Medium
3 ☐ Low
4 ☐ None
8 ☐ Don't know
9 ☐ Not stated

 Do not read below. Record
if the client volunteers.
5 ☐ Already have HIV
I Client risk factors [Check all that apply]

Main risks

- 1 ☐ Injection drug user, especially one not in treatment.
2 ☐ Person who repeatedly becomes infected with sexually transmitted diseases (STDs).
3 ☐ Sex partner, especially one who has unprotected sex with IDU, bisexual men, and/or
any partners of unknown status.
4 ☐ Person who exchanges sex for resources or person providing resources for sex.
5 ☐ Pregnant woman, particularly one not in prenatal care.

Additional risks/information

- 6 ☐ Non-injection drug user, especially one not in treatment.
7 ☐ Alcohol user, especially one not in treatment.
8 ☐ Youth in high risk situation.
☐ Runaway
☐ Juvenile offender
☐ Out of school
☐ Other _____
9 ☐ Inmate or recently released resident of criminal justice facilities.
10 ☐ Person who may be in the "window period" of infection with HIV and the development of antibodies,
usually 6-12 weeks.
11 ☐ HIV infected person unable to obtain supportive services.
12 ☐ Person who has recently learned s/he is infected with HIV and is experiencing acute mental health
stress.
13 ☐ Person who is experiencing other health and non mental health related stress.
14 ☐ Homeless
15 ☐ Other _____

J Initial stage of change [Check one only]

- 1 ☐ Pre-contemplation: Client does not intend to make a change in his/her behavior in the near future. Client may be unaware of his/her risk or in denial.
2 ☐ Contemplation: Client has begun to think seriously about changing his/her behavior. S/he knows that a problem exists and is considering taking action.
3 ☐ Preparation: Client has made a decision to begin practicing safer behavior and may have begun the process, but may have been doing it inconsistently or for a short time.
4 ☐ Action: Client has modified his/her behavior, experiences or environment to overcome problems. Behavior change is relatively recent (30 days-6 months).
5 ☐ Maintenance: Client is working to prevent relapse and maintain the behavior change over a long time period (more than 6 months).
6 ☐ Don't know

Initials of the agency representative completing this form: _____

INSTRUCTIONS FOR THE MULTI-SESSIONAL INTERVENTION CLIENT INTAKE DATA COLLECTION FORM

Purpose

The purpose of this form is to provide a summary of the client's demographic profile and to serve as a link to HE/RR and/or PCM encounter form(s).

General Instructions

This form needs to be completed once when the client initially enrolls in an HE/RR cycle and/or PCM sessions.

Specific Instructions

Agency name and location Print the name of the agency providing the service. Example: Old Barney Lighthouse Agency - Bamegat Light

Client Identification # Generate and fill in the client's eight-digit identification number as follows:

First initial of the client's first name+ Third initial of the client's first name+ First initial of the client's last name+ Third initial of client's last name + client's birth month and the last two digits of the birth year

Example: If the client is James Smith who was born on January 1, 2000, then his client ID would be:

J M S I 0 1 0 0

Anita Doe who was born on December 16, 1973 would have a client ID

A I D E 1 2 7 3

What if the client has a very short name? Then fill in the blanks with the letter, "Q".

Example: An Li who was born on February 1, 1950 would have the following client ID:

A Q L Q 0 2 5 0

Encounter date / /2000 Fill in the date when the encounter occurred. Example: 04/21/2000

Birth Date: / /

Enter the client's date of birth. In the first section, fill in the two-digit number (01 to 12) that corresponds to the month that the client was born. In the second section, fill in the two-digit number (01 to 31) that corresponds to the day that the client was born. In section three, fill in the complete year that the client was born.

Age Fill in the client's age at his/her last birthday. This and the birth date serve as a check for the other item.

Example: "Anna Doe" who was born on December 16, 1973 would be 26

☐ ☐ ☐

This item pertains to data entry issues. It will be completed by the NJDHSS at the time of data entry and should be left blank.

☐ ☐ ☐

This item should be checked to clarify whether this is a new form or an update to a previously submitted form.

Prevention project number: Fill in your assigned project number. Example: 010101216

Agency CTS# Fill in your agency's assigned Counseling and Testing number. Example 010101213

A Population reached (Check all that apply)

Enter a check in the box(es) to the left of the word/phrase that best characterizes the client population(s) you reached.

Primary: You must check one category here.

MSM: Men who report sexual contact with other men or with both men and women.

MSM/IDU: Men who report both sexual contact with other men and injection drug use.

IDU: People who are at risk for HIV infection through the use of equipment to inject drugs (e.g. syringes, needles, cookers, spoons, etc.).

Heterosexual female: Women who report heterosexual contact with a male or are at increased risk for HIV infection (e.g., sex with an injection drug user or a person known to be HIV-positive or to have AIDS, or unprotected sex with a male partner of unknown status).

Heterosexual male: Men who report heterosexual contact with a female or are at increased risk for HIV infection (e.g., sex with an injection drug user or a person known to be HIV-positive or to have AIDS, or unprotected sex with a female partner of unknown status).

Perinatal: Women who have HIV or are at risk for becoming infected and are pregnant (of childbearing age) and, thus, at risk of transmitting HIV to their infant(s).

General public: Any group whose behavior does not fall in the above categories yet puts them at high risk for HIV infection.

Additional information: These are additional descriptive categories of populations reached.

Youth: Persons between 13 and 24 years, who are either not yet patterned in the high risk behavior of the other priority populations or are engaging in behaviors that put them at risk for HIV infection.

Non-IDU: Persons who are at risk for HIV infection through the use of drugs that do not involve any injection equipment. These substances are primarily crack, alcohol, methamphetamine and/or "crystal", which are associated with increased risk for HIV and AIDS (i.e., impairments in judgement that result in risky behavior such as unprotected sex). These substances may also be smoked or sniffed/snorted. Other substances may also include LSD, amphetamine, nitrates/poppers, Ecstasy and tranquilizers.

Homeless: Individuals who lack a fixed, regular and adequate night time residency or resides in a shelter designed to provide temporary living accommodations. This category also includes persons who face imminent eviction (within a week) from a private dwelling or institution and who have no subsequent residence or resources to obtain housing.

Incarcerated: Men, women and youth in and out of prisons, jails, detention, alternative sanctions, mutual assistance programs (MAPs), in halfway institutions and/or on parole.

Sex worker: Person who is at risk for HIV infection through exchanging sex for resources (e.g., food, shelter, drugs, etc.) or a person who provides resources in exchange for sex.

Other: A specific risk population that has not been described in the above categories (e.g., migrant worker, lesbian).

Example: The client is a 19-year old pregnant woman who injects drugs.

☐ MSM
☐ MSM/IDU
☒ IDU
☐ Heterosexual female
☐ Heterosexual male
☐ Perinatal
☐ General public

☒ Youth
☐ Non-IDU substance user
☐ Incarcerated
☐ Homeless
☐ Sex worker
☐ Other _____

Example: The client is a heterosexual male who uses alcohol.

☐ MSM
☐ MSM/IDU
☐ IDU
☐ Heterosexual female
☒ Heterosexual male
☐ Perinatal
☐ General public

☐ Youth
☒ Non-IDU substance user
☐ Incarcerated
☐ Homeless
☐ Sex worker
☐ Other _____

Example: The client is a male who engages in sex with other men.

☒ MSM
☐ MSM/IDU
☐ IDU
☐ Heterosexual female
☐ Heterosexual male
☐ Perinatal
☐ General public

☐ Youth
☐ Non-IDU substance user
☐ Incarcerated
☐ Sex worker
☐ Other _____

Example: The client is a 15-year old incarcerated male.

☐ MSM
☐ MSM/IDU
☐ IDU
☐ Heterosexual female
☒ Heterosexual male
☐ Perinatal
☐ General public

☒ Youth
☐ Non-IDU substance user
☒ Incarcerated
☐ Homeless
☐ Sex worker
☐ Other _____

B How did you find out about this program? [Check all that apply]

Enter a check in the box(es) to the left of each source through which the client hear about the program.

1 <input checked="" type="checkbox"/> Friend	8 <input type="checkbox"/> Hotline
2 <input type="checkbox"/> Neighborhood group or church	9 <input type="checkbox"/> External/other agency/provider
3 <input type="checkbox"/> Program outreach worker	10 <input type="checkbox"/> Part of a parole package
4 <input type="checkbox"/> Word of mouth	11 <input type="checkbox"/> Pastoral/spiritual
5 <input type="checkbox"/> Internal/this agency	12 <input type="checkbox"/> Support group
6 <input type="checkbox"/> Agency program literature/flyer	13 <input type="checkbox"/> Rape crisis
7 <input type="checkbox"/> Other program literature/flyer	14 <input type="checkbox"/> Other _____

Example: Client heard about program from a friend.

C Ethnicity - refers to the national or cultural group with which one identifies by virtue of one's ancestry. Ethnicity may span more than one racial category, as is the case with Hispanics. For the purposes of this study, Hispanic is an ethnic rather than a racial identification since one can be Hispanic and White or Hispanic and Black, etc.

Read the question. Then read the options "Yes" or "No". Do not read options "Don't know" or "Not stated". Check the box next to the appropriate answer.

If the client answers "Yes" follow with C1a.

If the client answers "No", skip to question C2.

If respondent doesn't know, then check box 8 and follow with question C2.

If respondent refuses ("Not stated"), then check box 9 and follow with question C2.

Example:

Are you of Hispanic origin?

1 <input checked="" type="checkbox"/> Yes [go to C1a]	8 <input type="checkbox"/> Don't know [Go to C2]
2 <input type="checkbox"/> No [Go to C2]	9 <input type="checkbox"/> Not stated [Go to C2]

Since the client has responded that s/he is of Hispanic origin, go to C1a. Read the question and choices 1 through 6. Record only one answer from the respondent.

C1a [If yes], Do you consider yourself

[Check one only]

1 <input type="checkbox"/> Mexican	4 <input type="checkbox"/> Dominican
2 <input checked="" type="checkbox"/> Puerto Rican	5 <input type="checkbox"/> Other Central and South American
3 <input type="checkbox"/> Cuban	6 <input type="checkbox"/> Other Hispanic (Go to D)

The client has responded s/he is Puerto Rican. The interviewer moves on to subsection D.

If the client is not of Hispanic origin, then read question C2 and options "Yes" and "No". Do not read options "Don't know" or "Not stated". Check the box next to the appropriate answer.

If the client answers "Yes", then follow with C2a.

If the client answers "No", then go to question D.

If the client doesn't know, then check box 8 and follow with question D.

If the client refuses to answer, then check box 9 and follow with question D.

If the client considers him/herself to be of other ethnic origin and answered "yes" to question C2, then read question C2a and choices 1 through 5. Record only one answer from the client. Check the box to the left of the selection that best describes his/her ethnicity. Do not read answer options 6 or 7.

Example: The client has responded "no" to question C1. The client has responded s/he is not of Hispanic origin. S/he has stated that s/he is Haitian.

C2a [If yes], Do you consider yourself [Check one only]

1 <input checked="" type="checkbox"/> Haitian	5 <input type="checkbox"/> Other Non-Hispanic Central or South American
2 <input type="checkbox"/> Jamaican	6 <input type="checkbox"/> Other
3 <input type="checkbox"/> Guyanese	7 <input type="checkbox"/> Unknown
4 <input type="checkbox"/> Other Non-Hispanic Caribbean	

D Race Check one or more races to indicate what the person considers him/herself to be. Race refers to the "genetically transmitted physical characteristics" like skin color, which, more or less, distinguish a human population as a distinct group (Webster's Dictionary). The following racial categories are described immediately below:

White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American: A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American".

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Other: For any person who isn't described in any of the above categories. Please specify this Other Race.

Not Classifiable or Unknown: For any person who isn't sure of his/her race (e.g., an Hispanic client who is unaware of his/her race).

Example: The client identifies him/herself to be Black.

What if the client is multi-racial? Then check all categories that apply.

1 <input type="checkbox"/> White
2 <input checked="" type="checkbox"/> Black or African American
3 <input type="checkbox"/> American Indian or Alaska Native
4 <input type="checkbox"/> Asian
5 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
6 <input type="checkbox"/> Other _____
9 <input type="checkbox"/> Not Classifiable or Unknown

1 <input type="checkbox"/> White
2 <input checked="" type="checkbox"/> Black or African American
3 <input checked="" type="checkbox"/> American Indian or Alaska Native
4 <input checked="" type="checkbox"/> Asian
5 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
6 <input type="checkbox"/> Other _____
9 <input type="checkbox"/> Not Classifiable or Unknown

Example: The client identifies herself to be Filipino, African American and Eskimo.

Example: The client identifies herself to be Chamorro.

Example: The client identifies himself to be Korean and White.

1 <input type="checkbox"/> White
2 <input type="checkbox"/> Black or African American
3 <input type="checkbox"/> American Indian or Alaska Native
4 <input type="checkbox"/> Asian
5 <input checked="" type="checkbox"/> Native Hawaiian or Other Pacific Islander
6 <input type="checkbox"/> Other _____
9 <input type="checkbox"/> Not Classifiable or Unknown

1 <input checked="" type="checkbox"/> White
2 <input type="checkbox"/> Black or African American
3 <input type="checkbox"/> American Indian or Alaska Native
4 <input checked="" type="checkbox"/> Asian
5 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
6 <input type="checkbox"/> Other _____
9 <input type="checkbox"/> Not Classifiable or Unknown

E Language(s) most understood for speaking and/or reading?				
LANGUAGE	A. Speak	B. Read	D. Don't know	E. Not stated
1 <input checked="" type="checkbox"/> English	1 <input checked="" type="checkbox"/>	1 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
2 <input checked="" type="checkbox"/> Spanish	2 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
3 <input type="checkbox"/> French/Creole	3 <input type="checkbox"/>	3 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
4 <input type="checkbox"/> Other	4 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>

The client speaks both English and Spanish fluently and uses them equally for speaking, but does not read in English.

Ask the question "What language(s) do you use or understand the most for speaking and/or reading?" Then, read language choices 1 to 3. Let the client select one of these. This is the client's primary language. Ask the client if s/he uses or understands his/her primary language "the most" for speaking and/or reading. Check the appropriate box(es) under the columns to the right.

If the client says s/he uses or understands his/her primary language "the most" for speaking and reading, then STOP. Go to item F.

If the client says s/he uses or understands his/her primary language "the most" for either speaking or reading, proceed to the next language until the client identifies for each function a language that s/he uses or understands "the most".

If the client cannot select a primary language among the first three options, then ask the client if there is some "other" language not on the list.

In item 4, "Other", ask the client to specify his/her answer on the line provided. Then ask the client if that is the language s/he understands "the most" for speaking and/or reading. Check the appropriate boxes.

If the client is equally fluent in both English and another language, then ask about speaking and reading in both.

F Sex (By observation) Check the box next to the selection which best describes the biological sex of the client. Note: Transgender is also referred to as transsexual. This term refers to individuals who have undergone or are undergoing a physical or psychological sex change. Typically, this designation is used when reported by the client.
Example: The client is female.

1 <input type="checkbox"/> Male
2 <input checked="" type="checkbox"/> Female
3 <input type="checkbox"/> Transgender

G Do you consider yourself [check one only]

1 <input type="checkbox"/> Heterosexual (Straight)	Read the question. Record the client's answer by checking the box next to the one response that best describes the way the client identifies his/her sexual orientation. Example: The client describes him/herself as Bisexual.
2 <input type="checkbox"/> Gay	
3 <input type="checkbox"/> Lesbian	
4 <input checked="" type="checkbox"/> Bisexual	
5 <input type="checkbox"/> Uncertain	
6 <input type="checkbox"/> Other _____	

H HIV Self Assessed Risk
 This question applies to ALL clients. Read the question. Then, read choices 1 to 4. Do not read the answers "Already have", "Don't know", or "Not stated". Check the appropriate box for the client's answer. Check 5, 8 or 9 only if the client voluntarily reveals that s/he is HIV positive, doesn't know or does not state an answer.

I Client Risk Factors [check all that apply]
 Enter a check in the box(es) to the left of the statements which best describe the behavior(s) that the client engages in, placing him/her at risk of acquiring or transmitting HIV infection.

J Initial Stage of Change [Check one only]
 Based on the client's behaviors, check the box next to the stage that best fits the client.
Example: The client typically shares needles when injecting drugs; however, s/he is considering an entering drug treatment but has not taken any actions.

1 <input type="checkbox"/> Pre-contemplation
2 <input checked="" type="checkbox"/> Contemplation
3 <input type="checkbox"/> Preparation
4 <input type="checkbox"/> Action
5 <input type="checkbox"/> Maintenance
8 <input type="checkbox"/> Don't know

Contact Initials: [Representative]
 Ex. Suppose the agent is Patricia Anne Jones P A J

Enter the first initial of the first, middle and last name of the agency representative completing the form.
 If the person does not have a middle name, put a dash in the middle column instead.